

## EXTRACTS FROM RECENT ITALIAN NEUROLOGICAL LITERATURE.

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**Clinical History and Autopsy of a Man who Presented the Phenomenon of Walking Backwards.** By Dr. Luigi Mazzotti. *Rivista Clinica*, June, 1885.

The patient was sixty-six years old, an Italian, a hard drinker, who entered the hospital for a scorbutic eruption May 18, 1883. His condition slowly but surely improved. By the first of July he was sufficiently recovered to attempt to leave his bed to walk. The attendants reported that the man, instead of going forward, walked backward.

When he rose to his feet to attempt to walk, he looked at the floor, spread his legs as one who has fears of losing his balance and of falling, Sustained by the arm and so held as not to influence him in any direction, he was asked to walk. He replied that he was unable to do so, but when commanded in a resolute tone he attempted to advance forward, but instead of doing so, he went backward, exercising with the limb a force as if overcoming an obstacle. After having gone a short distance in this manner, the body arched over backwards, then turned from right to left, and would have certainly fallen if he had not been sustained. Raising him, the same experiment was repeated with like results, when he was returned to bed, as he appeared to be suffering very much.

Upon inquiring into his history, it was found the patient had passed easily through the usual maladies of infancy, and at twenty-one years had malarial fever of the quotidian type, which occurred again at twenty-six, lasting two months, and was of the tertiary form. When thirty-one he had facial erysipelas. For about five months, at the age of fifty-five, he had a somewhat serious illness. He had fever, pain in the head and neck, and a general sense of weakness. After this attack he never had perfect health, and suffered from time to time from lack of strength, from swelling and pain in his feet, which were worse in winter. He continued at his work till one day in December, 1882, when he suddenly lost consciousness and fell ; but he quickly recovered himself, and

was able to go to his house with some one to support him by the arm.

He was relieved of the sense of weight in his head by the application of leeches, and after remaining a week in bed, was able to go about. The giddiness in his head was not such as to cause him to fall. His strength diminished, and in the last two months his limbs swelled and became so painful he was obliged to remain continually in bed. His intelligence seemed unimpaired; but his moral character changed. While at home he never gave any sign of walking backward.

As to the family history, his parents lived to a good old age, and of his two sons, one died of scurvy (?), the other still lives in good health. He was a great drinker, and was often exposed to the direct rays of the sun.

May 18th, he entered the hospital, brought thither in a carriage, and reached the bed supported by the arm. The son who accompanied him thought he bent himself somewhat over backwards.

Examination after he entered the hospital showed him to be a man well formed, of robust appearance and good height, cheerful disposition, responded intelligently. Special senses preserved, though a little weak. Tactile sensibility normal, but not exquisite. Sensibility to pain a little exaggerated. Voluntary movements prompt and regular, reflex movements and tendon reflex a trifle exaggerated; more pronounced upon the right than the left.

Physical examination of thorax and abdomen revealed no signs of alteration. Urine normal. Pulse, 72; respiration, 26; temperature,  $36.9^{\circ}$  C.

From time to time, when attempting to walk, he presented the same phenomena. August 31st, when he had been sitting in an arm-chair for half an hour, his head fell forward, he lost consciousness, became cyanotic and cold, his pulse almost imperceptible. Placed in a horizontal position in bed, he quickly returned to his usual state. It was the last time he was able to sit up. He had great abdominal pain, numerous diarrhoeal evacuations, fever and delirium increasing at night. He lost strength and appetite, and died September 2d, at 8 A.M.

At the autopsy performed September 3d, little was found that was abnormal, except a slight degree of lepto-meningitis of the convexity and an atheromatous condition of the arteries at the base of the brain.

These cases of pronounced movements, forwards or backwards, more especially the latter, are rare. In general reasoning from clinical and physiological data, they would indicate a lesion in some part of the encephalon, especially of the pons, peduncles, of the corpora quadrigemina, of the cerebellum, and of the medulla oblongata. The writer thinks that possibly the condition of the arteries at the base of the brain might have occasioned a disorder of the circulation, which might be the cause of the phenomenon of going backward, if it were not for the fact that there are many

cases in which were atheromatous arteries in the encephalon in the same state, without the slightest indication of this strange symptom. The conclusion is therefore reached, that, as a clinical phenomenon, going backward is of no value as a diagnostic sign of a localized cerebral lesion.

**Clinical Contributions to the Localization of the Olfactory Centre.** Thesis by Dr. Emilio Carbonieri. *Rivista Clinica*, September, 1885.

The writer of this paper adds another to the few cases in which an autopsy goes far toward proving the location of the cerebral centre for the sense of smell. The patient, at the age of twenty-seven, was admitted to the Medical Clinic at Modena, in March, 1884, suffering from a peritonitis with exudation. Suddenly, at the end of April, at which time he felt almost completely recovered, there arose new symptoms. Once or twice during the day he was seized with a feeling of melancholy, general malaise, obscuration of all his senses, and observed a very nauseating odor. After two or three minutes all passed away. After a time these attacks were accompanied by supra-orbital and occipital cephalgia, with pain in cervical region and formication in the left half of the body, and then vomiting. The attacks averaged one a day; and, when less in frequency, were of greater duration—that is, prolonged a half hour or more. Later, the increase was even greater, commencing, in the evening, with heaviness and weight in the head, which increased during the night, when he could not sleep. In the morning, the cephalgia was very great, accompanied by the usual formication and feeling of weight in all the left side of the body; the most nauseating odor and copious vomiting of a liquid, greenish-yellow in color, and of very bitter taste. In the intervals of the attack the patient was able to go on with his work.

In December he had an attack resembling convulsions, though he did not lose consciousness completely. After this, he had diplopia for several days.

In February of the present year he was admitted to the hospital again, suffering with tubercular peritonitis, from which he died April 18th. The autopsy revealed the dura mater closely adherent, pia mater opaque. On the under surface of the brain, the portion below and anterior to the right temporo-sphenoidal lobe, just at the left of the fissure of Sylvius, was a body hard, well-defined, of a light-yellowish color, and rounded up and more elevated than the lobe of the other side, of the size of a walnut, which proved to be a tumor of tubercular nature. It was 27 mm. long, by 22 mm. wide. The tumor was shown, on microscopic examination, to be tubercular. It was found in the convolution of the occipito-temporalis externa, and of the convolution of the hippocampus, was encapsulated in the cerebral substance, in which it was buried. About the fissure of the occipito-temporalis interna and the convolution of the hippocampus, the cortical